



STANDARD 2.9 RISK ANALYSIS- FACILITATOR GUIDE

Standard 2.9 Risk Analysis- Facilitator Guide

Purpose of the session

Help the organisation honestly assess how well it is meeting Strengthened Aged Care Standard 2.9 (Human resource management), identify gaps, understand the risk to older people if gaps remain, and decide which issues go into the risk register and improvement plan.

1. Before the session

1.1 Confirm scope

Clarify with the sponsor:

- Which services/sites are included (e.g. all residential, specific programs, home care only).
- Which worker cohorts are in scope (employees, contractors, volunteers, agency).

1.2 Invite the right participants

Aim for a small group that can speak to workforce practice and evidence:

- Operations/service manager(s)
- HR/workforce representative
- Clinical lead (where relevant)
- Quality/risk representative

1.3 Gather evidence in advance

Ask participants to bring or have access to:

- HR and workforce policies and procedures.
- Worker records: pre-employment checks, training, performance.
- Rosters, staffing levels and turnover/vacancy data.
- Training matrix and completion/competency reports.
- Incident/SIRS data and complaints related to workforce issues.

1.4 Align on risk language

Before the workshop, confirm the organisation's definitions of:

- Low, Medium and High risk (especially regarding harm or distress to older people).

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- Any standard consequence/likelihood tables that should be used.

2. Opening the session (5–10 minutes)

2.1 Set the context

Suggested script:

- “Today we are using the Standard 2.9 checklist to understand how well our current workforce systems line up with the strengthened Human Resource Management requirements.”
- “We’ll focus on what is actually happening now, not on what’s in development or planned.”
- “The outcome is a prioritised list of workforce risks and improvements we can feed into our risk register and action plan.”

2.2 Explain the tool at a high level

- Each question is mapped to a specific 2.9 action.
- For each question, we will:
 - Rate implementation (Yes/Partly/No/Not applicable).
 - For any gap, rate the risk (Low/Medium/High).
 - Capture key controls and evidence.
- The tool then calculates priority scores and bands (Critical/High/Medium/Low).

3. Step-by-step facilitation

Step 1 – Work through questions: implementation rating

Facilitator objective: Get a shared, evidence-based view of current implementation for each question.

Instructions to group:

- “For each question, we’ll decide if this requirement is fully met, partly met, not met, or not applicable.”

Rating definitions (remind constantly):

- **Y (Yes)** – Fully implemented and consistently applied across the agreed scope; we can point to recent evidence.

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- **P (Partly)** – In place in some areas or for some groups, or not reliably applied.
- **N (No)** – Not implemented or only done in an ad hoc way.
- **NA** – Only if the question genuinely doesn't apply; we will note why.

Facilitator prompts:

- “What evidence do we have that this is consistently happening?”
- “Is this the same across all sites and worker groups in scope?”
- “If we disagree, what would it take to feel confident calling this ‘Yes’?”

Record the agreed rating in the Response column for each question.

Step 2 – For P or N: rate the risk level

Facilitator objective: Translate gaps into risk language (L/M/H) reflecting potential harm.

For every question with **P** or **N**:

1. Ask impact questions:
 - “If this gap continues, what could go wrong for older people?”
 - “Have we had any SIRS incidents, complaints or near misses linked to this?”
2. Guide the group to select a risk level:
 - **H – High:** Could realistically contribute to serious harm, SIRS events, significant rights breaches or major regulatory impact.
 - **M – Medium:** Could cause moderate harm, repeated complaints or important quality issues.
 - **L – Low:** Only minor impacts and low likelihood of escalation.
3. Record L/M/H in the Risk Level column.

Facilitator prompts:

- “Think about worst credible case, not the absolute worst imaginable.”
- “Would we be comfortable explaining this risk level to the Commission if an incident occurred?”

Step 3 – Capture controls, evidence and comments

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Facilitator objective: Build a clear picture of what is already in place and what might be done next.

For each question (especially P or N):

- In **Key controls, evidence/assurance:**
 - Ask: “What policies, processes, systems, reports or audits show what we currently do here?”
 - Note key items (e.g. recruitment policy, LMS module list, supervision arrangements, audit schedules).
- In **Comments / planned actions:**
 - Ask: “What’s the story behind this rating?”
 - Note limitations, site differences, current improvement work, and any obvious next steps.

Facilitator prompts:

- “What would you show an assessor to demonstrate this?”
- “Are there any quick wins we can note here?”

Step 4 – Review section results and priorities

Once you finish a section of questions:

4.1 Show the scores and bands

- Explain that the tool has calculated:
 - ResponseScore, GapWeight, RiskScore and PriorityScore (0–6).
 - A priority band (Critical, High, Medium, Low) for each question.
 - An overall implementation percentage for that section.

4.2 Decide what matters most

Guide the group to:

- Focus first on items with **Critical (5–6)** or **High (3–4)** priority:
 - “Which of these clearly need to be entered into our Standard 2.9 risk register?”
- Consider the overall implementation percentage and section reflection prompts:
 - “Does this percentage feel accurate given our experience?”

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- “What themes are coming through across this section?”

Facilitator prompts:

- “If we only fixed three things in this section, which would reduce risk to older people the most?”
- “Which of these should our executive and board definitely be aware of?”

Capture any agreed “must-escalate” issues.

4. Closing the session

4.1 Confirm next steps into the risk register

Explain how the output will be used.

- Critical and High items will be turned into formal Standard 2.9 risk statements, with:
 - Clear risk descriptions, linked 2.9 action, causes and existing controls.
 - Inherent and residual risk ratings, aligned to the organisation’s framework.
 - Treatment actions, owners, due dates and planned assurance/monitoring.
- Medium and Low items may be managed through local improvement plans or monitored for change.

4.2 Agree responsibilities and timelines

Ask and record:

- Who will draft the risk register entries and by when.
- Who will refine/approve the actions (e.g. executive team, governance committee).
- When the next review of this Standard 2.9 risk profile will occur (e.g. annually, post-major change).

5. Facilitator tips

- Keep bringing the group back to evidence: “What shows this is true?”
- Watch for over-optimistic “Yes” ratings; challenge on consistency across sites.
- Use SIRS and complaints examples to ground the risk conversation in real events.

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- Time-box discussion per question; capture detail in comments rather than debating wording for too long.
- At the end, summarise 3–5 key workforce risk themes emerging from the assessment (e.g. screening, skill mix, training system, performance reviews) and link them verbally back to the Standard 2.9 actions.